## CITY OF CUDAHY Inspection Dept. 769-2208 5050 S. Lake Drive Cudahy, WI 53110

## APPLICATION FOR BUILDING PERMIT

PERMIT#	
PARCEL#	
DATE ISSUED	

## DECK

## NOTE: ALL WOOD MUST BE PRESSURE TREATED OR NATURALLY DECAY RESISTANT.

Was this house constructed prior		
to June 1, 1980? □YES □ NO	PROJECT ADDRESS	
□ Deck		
□ Porch □ Other	Ich Voluction: \$	
□ New Construction	Job Valuation: \$	
☐ Repair/Replace Existing	Owner Name:	
☐ Detached (from house) ☐ Attached	Owner Address if Different:	
(describe anchors/fasteners)	Owner Address if Different.	
	City, State, Zip:	
D	Owner Phone:	
Dimensions x	Contractor Name:	
Sq. Footage	Contractor Address:	
Posts Beams Joists Decking	City, State, Zip: ;	
Size	Contractor Phone:	
Species	Dwelling Contractor #:	
	Dwelling Contractor Qualifier#:	
Grade		
	Contr./Appl's. Phone:	
Spacing	Architect Name if applicable:	
	Architect Phone:	
Span		
	Applicant Email:	
The scale drawings you submit must correspond with the above information.		
The scale drawings you submit must correspond v		
REMARKS		
	Total Sq. Fee	
Applicant, please note:	Plan Review	
I have received a copy of the City of Cudahy's information	nal sheet regarding the Minimum Fee	
construction of a deck/porch. I understand that I, as the ap bility to comply with all applicable codes, statutes and ord	plicant have a responsi-	
Cudahy. The issuance of the Permit creates no legal liabil	ity, express or implied Total	
on the Department or the City. All information provided is accurate.		
	Reviewed By:	
APPLICANT'S SIGNATURE	DATE	

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